

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE

2008 JUL 21 AM 10:42

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jackie Smith

Political Party (if applicable)

Democratic

Office Sought

County Supervisor

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

I AM FILING A

July 19, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 1170⁰²

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

\$ 1470⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 2640⁰²

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

744¹⁰

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1895⁹²

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 384⁷⁸

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

YES NO

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/20/08	ID# CK#	Kim Vermilyea 507 Baywood Ct Sgt Bluff IA 51054		\$ 30 ⁰⁰	<input type="checkbox"/>
5/29/08	ID# CK#	Lynde Billings 4217 Thornwood Pl Sioux Falls SD 57103		50 ⁰⁰	<input type="checkbox"/>
5/30/08	ID# CK#	Flora Lee 1608 Casselman St Sioux City IA 51103		5 ⁰⁰	<input type="checkbox"/>
6/2/08	ID# CK#	James Marshall 2300 Indian Hills Bldg 3-127 Sioux City IA 51104		75 ⁰⁰	<input type="checkbox"/>
6/5/08	ID# CK#	Unspecified Cash Contributions		125 ⁰⁰	<input checked="" type="checkbox"/>
6/7/08	ID# CK#	Marlin Jeffers 18922 Grover St Omaha NE 68130		5 ⁰⁰	<input type="checkbox"/>
6/9/08	ID# CK#	Greg Halbur 2334 Mohawk Ct. Sioux City IA 51104		30 ⁰⁰	<input checked="" type="checkbox"/>
{	ID# CK#	Nicole Stabile 2327 Mohawk Ct. Sioux City IA 51104		20 ⁰⁰	<input checked="" type="checkbox"/>
{	ID# CK#	Unspecified Cash Contributions		15 ⁰⁰	<input checked="" type="checkbox"/>
6/18/08	ID# CK#	Unspecified Cash Contributions		120 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 475 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

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6/18/08	ID# CK#	John Devoreaux 263 Moreton Bay Lane #4 Goleta Valley CA 93117		\$40 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Sharon Bouson 4205 E. 36th St. Sioux Falls SD 57403		40 ⁰⁰	<input type="checkbox"/>
6/20/08	ID# CK#	Unspec. Fed. Cash Contribution		75 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Kevin Beauvais 417 2nd St. Sioux City IA 51104		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Kim Rossmussen 3733 Lindenwood Sioux City IA 51104		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Marcie Poole 23 Ridgewood Rd Sioux City IA 51104		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Anne Cowley 413 Estor Ct. Sioux City IA 51104		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Roger Wehdt 2213 Seneca Way Sioux City IA 51104		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Jane Lee 2300 Seneca Way Sioux City IA 51104		10 ⁰⁰	<input type="checkbox"/>
6/20/08	ID# CK#	Sheryl Flemming 2221 Viking Dr. Sioux City IA 51104		10 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$315 ⁰⁰	
TOTAL (If last page of this schedule)				\$	

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/20/08	ID# CK#	John Ryan 3736 Mohave Dr. Sioux City IA 51104		\$ 10 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Tom Cronin 5921 Fair Seasons Dr. Sioux City IA 51104		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Cynthia Bennett 2501 Apple Sioux City IA 51104		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Jo Leav 3531 Idlewood Sioux City IA 51104		50 ⁰⁰	<input type="checkbox"/>
6/20/08	ID# CK#	Julien Berens 3341 Concordia Dr. Sioux City IA 51104		25 ⁰⁰	<input type="checkbox"/>
6/22/08	ID# CK#	Unspecified Cash Contributions		235 ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#	Dince Cox 3900 Kater Ct. Sioux City IA 51106		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Jackie Wornst 4628 Central Ave Sioux City IA 51108		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Cheri Linoges 3701 E. Peaky Lane Sioux Falls SD 57103	Sister -IN-LAW	50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Margo EL-Zein Sioux City IA 51104		20 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 565⁰⁰

TOTAL (if last page of this schedule)

\$

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Page 3 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supercor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/22/08	ID# CK#	Diane Fleming 4550 Country Club Blvd Sioux City IA 51104		\$25 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Jody Johnson 5207 Wellington Sioux City IA 51106		50 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Sandy Shrell 2071 Rudy Ct.	Sister- in-law	25 ⁰⁰	<input type="checkbox"/>
6/24/08	ID# CK#	Unspecified Cash Contributions		15 ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 175⁰⁰

TOTAL (If last page of this schedule)

\$ 1470⁰⁰

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Page 4 of 4
(for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/9/08	ID# CK#	Recard Printing Sioux City IA	Campaign literature printing	\$ 703.10
6/22/08	ID# CK#	Ray Pol Internet	Clip art download	1.00
6/22/08	ID# CK#	Jitters Sioux City IA	Location for Pancake breakfast	40.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 744.10
TOTAL (if last page of this schedule)				\$ 744.10

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith For Supervisor

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/5/08	Mark Taylor 3039 Milwaukee Denver CO		Website design	\$ 300 ⁰⁰	<input type="checkbox"/>
6/22/08	Jackie Smith Sioux City IA	Candidate	magnetic ads for vehicle	57 ⁷⁸	<input type="checkbox"/>
6/22/08	Jackie Smith Sioux City IA	Candidate	Postage Stamps	27 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

384⁷⁸TOTAL (if last
page of this
schedule)

\$

384⁷⁸

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)